

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10663061
APPLICANT(S)

FILING DATE 10-12-08

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13						
14		1				
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	8					
TOTAL CLAIMS	23					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								